SCC eFile		2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA ATE CORPORATION COMMISSION		212543608 DN		
1.) CORPOR	RATION NAME:			DUE DATE: 1	1/30/2012	
Cardno TE	C. Inc.		202 27.11 21 1 1700,20 12			
2.) VA REGI	•	E AND OFFICE ADDRESS:		SCC ID NO: 03491958		
	RD STE 301		5.) STOCK INFORMATION			
	EN, VA 23060			CLASS	AUTHORIZED	
				COMMON	2,500,000	
3.) CITY OR HENRICO	COUNTY OF VA REGI COUNTY	STERED OFFICE:		I	1, , , ,	
4.) STATE OR COUNTRY OF INCORPORATION: VA						
6) PRINCIPA	AL OFFICE ADDRESS:					
6.) PRINCIPAL OFFICE ADDRESS:						
ADDRESS: 2496 OLD IVY ROAD SUITE 300 PO BOX 5127						
CITY/ST/ZIP: CHARLOTTESVILLE, VA 22905						
7.) DIRECTO	RS AND PRINCIPAL C	OFFICERS: All directors an	d principal	officers must be	e listed. An individual	
		may be designated	ated as bo	th a director and	l an officer.	
			X OFFIC	ER	X DIRECTOR	
	NAME: TITLE:	RICHARD T HEIDERSTADT				
	ADDRESS:	PRESIDENT 3070 BLANDEMAR DRIVE				
	CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901				
			OFFIC	ER	χ DIRECTOR	
	NAME:	WILLIAM C HALPERIN				
	TITLE: ADDRESS:	DIRECTOR 1819 CLIFF DRIVE				
	ADDRESS.	SUITE F				
	CITY/ST/ZIP/CO:	SANTA BARBARA, CA 93109				
			X OFFIC	ER	DIRECTOR	
	NAME:	DONALD E NELSON				
	TITLE: ADDRESS:	S/T 772 TILMAN RD				
	CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901				
			OFFIC	ER	χ DIRECTOR	
	NAME:	JEFFREY IAN FORBES				
	TITLE:	DIRECTOR				
	ADDRESS:	515 ST. PAULS TERRACE FORTITUDE VALLEY,QLD,4006,	ALICTD ALL	^		
	CITY/ST/ZIP/CO:	, , FN	AUSTRALIA	٦		
			OFFIC	ER	χ DIRECTOR	
	NAME: TITLE:	MICHAEL JOHN RENSHAW				
	ADDRESS:	DIRECTOR 5415 SW WESTGATE DR				
		SUITE 100				
	CITY/ST/ZIP/CO:	PORTLAND, OR 97221				
	NA 14 15		OFFIC	EER	X DIRECTOR	
	NAME: TITLE:	Robert L Phillips				
	ADDRESS:	DIRECTOR 455 South Atlantic Ave				
		Unit 4308				
	CITY/ST/ZIP/CO:	Ponce Inlet, FL 32127				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James W Hunt VICE PRESIDENT 523 First Street Annapolis, MD 21403	X OFFICER	DIRECTOR			
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Daniel M Dick DIRECTOR 3188 Wallingford Lane Keswick, VA 22947	OFFICER	X DIRECTOR			
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert L VanAntwerp DIRECTOR 112 Cobblestone Court West End, NC 27376	OFFICER	x DIRECTOR			
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.						
/s/ DONALD E NELSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DONALD E NELSON, PRINTED NAME AND TITLE		11/13/2012 DATE			
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.						